

July 2003

Attendees and Area Announcements listed after minutes. The "I" in the minutes refers to Kelly Taylor, Director, DEHS.

General Environmental Health Topics

Strategic Plan Updates

There were discussions surrounding several of the strategic initiative action items.

The workgroup that is trying to identify a community needs assessment tool (strategic initiative 3) wanted to discuss what sort of assessment we wanted to do. John Sery had sent an email to Division Directors asking them to comment no later than July 11, on whether we should be assessing the environmental health status of a community or the tribal/IHS public health systems responsible for dealing with public health issues. He's only received two responses so far.

What some people are using as tools are NACCHO's and CDC's MAPP and PACE EH. MAPP (Mobilizing for Action through Planning and Partnerships) is a community-wide strategic planning tool for improving community health. This tool helps communities prioritize public health issues and identify resources for addressing them. PACE EH (Protocol for Assessing Community Excellence in Environmental Health) allows communities to identify their specific EH concerns, rank and prioritize them, then create action plans to address them.

I was hoping to focus on identifying environmental health needs. There have been lots of needs assessments done by various groups that address infrastructure, EMS, Diabetes, alcohol, etc. What we are lacking is quantifiable data that specifically address environmental health needs. We ultimately want to be able to use the data obtained from the assessments to develop community action plans to seek funding. Some groups have started with the PACE EH tool and done "spin-offs" customized to their needs. Maybe we could look at some of those reports and do something similar. The PACE EH tool seems more like what we want; it just takes a very long time. We don't have to use the exact same tool.

Phoenix has a WebEHRS workgroup that is trying to develop a tool to get baseline data for communities. They should be done by the end of the month. The needs assessment workgroup is having their next conference call July 15. Mike Welch was invited to send them a summary of what they are doing and participate on that call.

The health status indicator workgroup (strategic initiative 3) wanted to discuss what they are doing. Allegheny County Health Department, funded by CDC, developed indicators during the assessment of their environmental health program. Diana outlined the process they used to come up with their indicators and would like to send that document out to DEHS Directors for comment before she goes any further. Please get your

comments on that document back to her before July 11. She's also asking for comments from their Tribal Environmental Health Steering Committee. Susan McCracken mentioned that Injury Prevention indicators should go through IP Specialists and the IP Steering Committee.

The environmental health resources workgroup (strategic initiative 1) is working on updating the Technical Resources Directory that was developed by the EHO Professional Advisory Committee. They will send out their latest version shortly before their deadline of September 30 to see if there is anything else the DEHS Directors want to add. I had forwarded the workgroup a list of resources that were developed by CDC and New Mexico specifically for tribal EH programs. They will include that list when they send the other out for comment. The lists will probably be sent out around the first week of August.

My action item about introducing EH authorizing language into the Indian Health Care Improvement Act (strategic initiative 3) is on-going. The current version of the Act at least mentions the IHS EH program but it is not at all close to what I tried to introduce. I don't have high hopes that my wording will ever get into the Act. If we end up with a version similar to the last one I saw, we can point to it as authorizing language, if we're really hard-pressed. What happens with the EH and Injury Prevention language is pretty much up to Congress and the Tribal Steering Committee now.

COER Update

Everyone should be familiar with the electronic process for completing COERS. Deadlines are:

- Transmitted to the Rating Official no later than July 11.
- Transmitted to the Reviewing Official no later than August 8.
- Transmitted to DCP no later than September 2.

Food Code and WebEHRS Discussion

Darren has been working on trying to put the entire FDA Food Code into WebEHRS so it is available for reference. This would be similar to what was done with the Head Start Health and Safety Code and WebEHRS e-Surveys. Even with all the field staff's help in trying to make it readable, Darren has gotten very frustrated in this effort. The fact is, nobody is going to want to read a report generated using the FDA's wording. The report will be very long and difficult to understand.

Darren and I have started talking about using simple standardized food survey forms (checklists). I sent DEHS Directors two examples of food checklists to examine. One was what most Areas are familiar with (based on a checklist developed by Bemidji Area eons ago) and the other was what the Conference for Food Protection is encouraging everyone to use. The CFP version has two parts: risk-based inspections related to CDC-identified risk factors and food code interventions; and demonstrated proficiency in applying provisions of the Food Code related to good retail practices. CFP is trying to

finalize this draft checklist but they don't expect to have a final product until sometime next year. I am proposing that we adopt this checklist now and begin using it as an e-Survey.

Everyone would be encouraged to use one format for food surveys, so we would be able to track trends and actually come up with a database of food surveys. I realize I can't force everyone into using a particular format, but this checklist is very understandable and includes short descriptions of the reference text, and would be very easy to put into WebEHRS.

Navajo is not expected to change their format, because what they are using is what Navajo Nation adopted and accepts. Darren mentioned that we would have to come up with some sort of "cross-walk" table to include their data in the rest of ours, if we want to use the risk-based CFP survey checklist.

Susan mentioned that CFP will probably adopt this checklist and it will eventually be in the FDA Food Code. She has used the checklist and really likes it. In addition, if someone wants to go through "standardization", that process is based on risk factors and good retail practices now.

I want to finalize this discussion within two weeks, so if any Areas want to comment on the CFP checklist or send out examples of what they like better, do so by July 15. We'll make a final decision by July 17.

Fan wanted to get her staff's comments first, and Mike wanted to send out a copy of what they use on Hopi. Kevin Meeks asked that if the rest of us go with the CFP format, we don't get rid of the current e-Survey format, so tribes could continue using them if they so desire.

AFDO Partnership

Alan Dellapenna mentioned that IHS has had an ongoing proposal to FDA to fund a food safety specialist in IHS, but we haven't made much progress there. However, FDA currently funds an organization called the Association of Food and Drug Officials (AFDO) and he and Jim Austin (of AFDO) have been discussing the idea of modifying the AFDO/FDA contract to allow AFDO to provide some of the services for tribes/IHS that we were hoping FDA would fund. We hope that if this works out, AFDO would come up with a specific advocacy campaign promoting tribal adoption of the FDA Food Code, training resources for IHS and tribes, and provision of technical assistance. AFDO is putting together a proposal for FDA to expand their contract. We'll keep you informed of the status.

Conference Call Status

I want to try something different with the conference calls. I would like to cancel all regularly scheduled calls and try to conduct business without them. Right now, it seems

to be a terrible drain on everyone's time each month without a lot of return. There are a few individuals on the calls that can be counted on to be vocal. Others are very quiet and do not generally enter into discussions. There's no changing that; it's just a matter of personal dynamics. I would prefer contacting everyone through emails and individual phone calls. This would require that I contact each of you throughout the month and send out regular information updates. I suspect that it will actually take less time and I will get more information if I call each of you individually. I propose to try the "no conference calls" method for six months. If we like how that works, we'll continue. If it doesn't work out, then we'll go back to regular conference calls.

Injury Prevention Topics

HQ Injury Prevention Vacancies

The IHS-EMSC Coordinator position (Public Health Advisor, GS-0685-12/13) was announced May 27 and closed June 27. The Injury Prevention Program Coordinator position (GS-0601-14) was announced June 2 and closed July 2. We should be hearing something from Personnel about both those positions soon.

Injury Prevention Cooperative Agreements Status

The 2003 Competitive Cooperative Agreement Application for the Injury Prevention Program has a deadline of July 15. The announcement was made available to all the IP Specialists through email and was posted on the DEHS website while we were waiting for Grants Management to mail the kits to all the tribal health directors. Some Areas received them the week of June 9. If you have any questions, contact your Area Injury Prevention Specialist. Alan mentioned that he is working on putting together the Part 1 Objective Review Panel, composed mostly of non-IHS staff, as required by Grants Management. The panel should convene the week of August 19. For the Part 2 projects, Alan plans to use field reviewers, comprised of IHS Injury Prevention staff.

Continuation applications for currently funded Part 1 programs have gone out. The applications include a separate worksheet for NHTSA funding (\$5,000) to address specific seat belt incentive campaigns next Memorial Day weekend. Areas began receiving the continuation applications last week.

Institutional Environmental Health Topics

Institutional EH Residency Students Status

Mark Strauss, recently from Anchorage Area, and Dave Cramer, from Phoenix Area, have arrived at HQ to begin their IEH Residency Programs. They begin classes at USUHS July 9. Brian Hroch accepted a position with DOHSM in Navajo Area and should be arriving soon. Gary Carter just accepted the Billings Area IEHO position and his starting date is August 7.

FDA Inter-agency Agreement Status

I brought this up on Tuesday's OEHE Directors conference call so they knew what was going on with this agreement. We're at the end of FY 2003 and we still don't have an agreement for FY 2003. We've not been able to purchase or calibrate equipment.

In the past, FDA has not charged us for these services or equipment, but now find they need to begin doing so. I've decided that HQ won't be footing the entire bill any more; it will be up to each Area to pay for calibration of their equipment, except for one MDH per Area. FDA has said that all their equipment needs to be calibrated once a year, so if you have FDA-owned equipment, and it hasn't been calibrated in the past year, you will need to send it in. HQ will only pay for calibration of one MDH though, so if you have five MDHs in your Area, you will be responsible for paying for four of them. HQ will "IPAC" the charges to the Areas. That's sort of like automatically deducting the amount from your bank accounts.

The IEH Radiation workgroup will give me a list of the equipment that each Area will be sending in to FDA and I will let Finance know how much to "deduct from your accounts". MDHs cost \$1,000 and kVp Meters cost \$500 to calibrate. We've estimated that the Areas will be charged a total of \$33,000 to calibrate their equipment for FY 2003 and HQ will be charged \$12,000 for a grand total of \$45,000 for FY 2003.

In FY 2004, HQ won't pay for calibration of any of the equipment; it will be solely the responsibility of the Areas. In addition, FDA wants to take back all FDA-owned equipment within the next couple years. Areas will need to purchase all their own equipment in the near future. Right now, FDA is only interested in repossessing MDH and kVp meters, but who knows what other equipment they will ask us to give back in the future. If they end up taking back all their equipment, and each Area needs to restock, it could cost each Area up to \$40,000.

Vacancy Table

Please be sure to keep the Vacancy Table on the DEHS website current. The table is located at www.dehs.ihs.gov and can be edited through the DEHS Directors' WebEHRS accounts.

Participants and Area Announcements

Aberdeen: John Weaver. The Director, DEHS position is coming soon. The Pierre and Sioux City District EHO positions aren't going to be advertised until the Director position is filled.

Albuquerque: Fan Robinson, Mike Lewis. The Northern District Institutional EHO position (O-5) is coming soon. DEHS is sponsoring training on the Ten Essential Public

Health Services August 20. There should be a pretty good turn-out. If you are interested in attending, contact Fan (505-248-4263).

Anchorage: Mark Kelty, Troy Ritter. No announcements.

Bemidji: Diana Kuklinski. The Service Unit Sanitarian position in Rhinelander, Wisconsin (O-3/O-4) has been announced. Beautiful Rhinelander offers lots of recreational and career development opportunities. Call Diana if you are interested (218-444-0503).

Billings: John Sery. Gary Carter accepted the Area IEHO position and reports on August 7. Personnel has come up with a roster for the Safety and Occupational Health position at Crow Agency. John hopes to hear from them soon.

California: Not on call.

Nashville: Susan McCracken. The Poarch Creek Tribal EHO position is going to be re-advertised soon. The paperwork is in Personnel. DCP told CC Liaisons that if staff transferred after March 1, their old duty station will show up on their COER and they won't be able to change it, but not to worry about it.

Navajo: Ken Secord. Jim Howell arrived in Crownpoint a couple weeks ago. They selected Twyla Benally for the Shiprock Service Unit Sanitarian position, but will also need a District Injury Prevention Specialist in Shiprock. There is a Field Sanitarian (Field EHO) position open in Kayenta, AZ. Similar to Rhinelander, there are lots of career opportunities here, but it's not as cold. Brian Hroch arrives July 7.

Oklahoma: Kevin Meeks. No announcements.

Phoenix: Mike Welch. There is a vacancy in Keams Canyon (Hopi) advertised under the open continuous announcement number PX-IHS-03-04-OC. Erin Kraker is inactivating her commission and going to nursing school. Area Director has issued a directive that all officers will be in uniform daily. No more casual Fridays.

Portland: Al Knapp. No announcements.

Tucson: Mark Pike. No announcements.

Environmental Health Support Center: Not on call.

Rockville: Kelly Taylor, Alan Dellapenna, Darren Buchanan, Mark Strauss, Dave Cramer. Kelly's, Alan's, and Darren's announcements were covered in the General Environmental Health, Injury Prevention, and Institutional Environmental Health sections.

Next Call

There will NOT be any more regularly scheduled DEHS Conference Calls for at least the next six months. Kelly will contact each DEHS Director and send out periodic updates by email to keep staff up to date.